

vibrations to his body"; he checked into multiple hotels to avoid the voices; he also had episodes of shooting firearms.

Recently, there was also a case in Georgia where Michael Brandon Hill clutched a butcher knife over his parents' bed; attempted to set the home on fire; made deadly threats through social media; was bipolar, had attention disorder, was schizophrenic; told police he was off medication; had stolen a firearm; had 498 rounds of ammunition when he entered a school. Luckily, no one was harmed.

What America has done in dealing with people with mental illness is so far short of what we should be doing, it's not surprising we are still failing the system. America has replaced its psychiatric hospitals with prisons and bridges for homelessness. Pennsylvania some years ago had 20 psychiatric hospitals and 8 jails. Now we have 20 jails and 8 psychiatric hospitals. One out of five men has mental illness, and one out of every two women in those jails has a mental illness.

Why don't we use such things as considered background checks for those to obtain guns? In 2010, when 14 million attempts were made to purchase weapons, there were 72,000 denials because those folks had pinged positive because they had an arrest record or had an inpatient obligatory stay. Of those, 34,000 had felony conviction indictments and 13,000 were fugitives. But there were only 44 prosecutions, and only a few of those were found guilty. Background checks don't even begin to deal with the millions of people who have a psychiatric illness and go untreated. There is a lack of inpatient and outpatient treatment options, and we need to finally begin dealing with these problems.

What we need are several aspects, and in the next couple of weeks I'll be offering a package of legislation that finally works towards dealing with these so we do not continue to say our primary methods of treatment for Americans with mental illness are jails and homelessness.

First, we need to recognize that we have a lack of inpatient treatment options. There were 500,000 psychiatric beds in 1955; now there are less than 40,000. What we need to do is increase the options that are available for people with inpatient and outpatient treatment.

Two, we need to get serious on research for those with mental illness. NIMH has a paltry little over \$1 billion in money it can spend on research, and very little of that is spent on those with serious mental illness. Indeed, most with mental illness are not violent, but when you see someone with a selective set of symptoms with serious mental illness, we know that they may be at a more increased risk, particularly those who have a history of delusion, paranoia, and interest in violence. What happens in general, from the time of onset of first symptoms, a per-

son may wait an average of 110 weeks before they get into treatment.

In addition, we need more research on medications. There are 11.4 million American adults that suffer from serious mental illness, including schizophrenia, bipolar disorder, and major depression, but 2 million are not being treated. We need more effective research.

Three, Federal laws, which are meant to protect confidentiality, such as HIPAA and FERPA, otherwise known as the Family Educational Rights and Privacy Act, have frustrated the efforts of physicians and family to share information. Many times doctors and other officials cannot get to the very people who can prevent problems and get the person in treatment. Colleges and high schools do not share information with parents because they're afraid of getting sued. Mental health professionals hold on to information, and they wish they could talk more with parents. We need to clarify these boundaries.

Four, law enforcement officials need more training. Police officers are on the frontline of dealing with the violent mentally ill. They need to understand how to identify and handle mental health emergencies. In addition, the primary responders to these ought to be paramedics, those who are trained to deal with health issues. We need to remove the stigma. From the very beginning, we need to be dealing with this as a health issue.

One thousand homicides a year are committed by those with serious mental illness. It's only 5 percent to 10 percent of homicides, but we need to make sure we have that help. We also need to make sure we have integrated care at community mental health centers. Unfortunately, there are barriers to billing with Medicare. We need incentives for pediatricians to get additional training. We need to review what SAMHSA does with its spending, and VA hospitals need to have more help.

Overall, there are many areas that we can engage in, and we will continue to do this to make sure we effectively treat mental illness.

ACT NOW TO SUPPORT THE ECONOMY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Washington (Ms. DELBENE) for 5 minutes.

Ms. DELBENE. Mr. Speaker, I rise today to speak about the critical need for Congress to act now and support our struggling economy.

Like many families and businesses across my district, I've been disappointed by Congress' inability to address our Nation's fiscal challenges. We need to stop lurching from one manufactured crisis to the next, budgeting 90 days at a time, because it's actually the most expensive and inefficient way to budget.

As a businesswoman and entrepreneur, I understand that you don't

just manage a business for a few months at a time, but you plan for the long term.

Businesses and families deserve a long-term budget that provides them with the visibility needed to plan for the future. Every day we fail to do this, Congress is harming the economy.

We must take a balanced, long-term approach to the budget and end the irresponsible across-the-board cuts that were triggered by sequestration.

We must act now to prevent a government shutdown.

I remain committed to working with my colleagues on both sides of the aisle to pass a budget that reduces the deficit and creates jobs. We must come together now to get this job done.

SECRETARY LEW

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey (Mr. GARRETT) for 5 minutes.

Mr. GARRETT. Mr. Speaker, prominently featured on the White House Web site, President Obama issued the following memorandum to all heads of executive departments and agencies:

My administration is committed to creating an unprecedented level of openness in government. We will work together to ensure the public trust and establish a system of transparency, public participation, and collaboration. Openness will strengthen our democracy and promote efficiency and effectiveness in government.

Unfortunately, despite once serving as the White House Chief of Staff, Secretary of Treasury Jack Lew apparently never got that memo.

On June 7, shortly after the news broke that the Internal Revenue Service engaged in the reprehensible practice of targeting conservative-leaning political groups, I sent a letter to Secretary Lew with a handful of questions relating to his time served as White House chief of staff. Specifically I asked:

First, when was the first time Secretary Lew, as chief of staff, became aware of the IRS's targeting of tax-exempt groups, including rumors or media reports of targeting, independent of his knowledge of the IG's investigation?

Second, given that IRS Commissioner Douglas Shulman made numerous trips to the White House between October 2009 and December 2012, I asked Secretary Lew, again as chief of staff, if he attended any meetings with Shulman.

Next I asked if anything was discussed relating to the IRS investigation concerning conservative-leaning organizations and their tax-exempt status.

Finally, I asked if Secretary Lew, as chief of staff, was involved in any or had any knowledge of rumors of conservative groups that were being targeted or of media reports highlighting the IG investigation relating to the targeting or any IRS personnel involved in potentially inappropriate targeting of conservative groups.